

**Kern Regional Center  
Home and Community-based Services Waiver  
Monitoring Review Report**

**Conducted by:**

**Department of Developmental Services  
and  
Department of Health Care Services**

**February 25-29, 2008**

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## EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-based Services (HCBS) Waiver from February 25-29, 2008, at Kern Regional Center (KRC). The monitoring team members were Lisa Miller, Kathy Benson, Jeffrey Greer, and Ray Harris from DDS, and Annette Hanson, Jayné Buchanan, and Catherine Johnson from DHCS.

### Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

### Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPPs). Specific criteria have been developed for the review sections listed below that are derived from federal and state statutes and regulations and Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of HCBS Waiver services.

### Scope of Review

The monitoring team reviewed a sample of 35 HCBS Waiver consumers. In addition, the team reviewed a supplemental sample consisting of ten consumers who had special incidents reported to DDS during the review period of December 1, 2006 - November 30, 2007. The monitoring team reviewed consumer records and completed site visits for four community care facilities (CCFs) and five day programs. The team had face-to-face visits with 29 of the 35 selected sample consumers.

## Overall Conclusion

KRC is in compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by KRC are included in the report. DDS is requesting documentation of follow-up actions taken by KRC in response to each of the specific recommendations within 30 days following receipt of this report.

## Major Findings

### Section I – Regional Center Self Assessment

The self assessment responses indicated that KRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

### Section II – Regional Center Consumer Record Review

Thirty five sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. The sample records were 92-100% in compliance for the 29 applicable criteria.

The sample records were 99% in compliance for this review. KRC's records were 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2003, respectively.

### Section III – Community Care Facility Consumer (CCF) Record Review

Four consumer records were reviewed at four CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. KRC's records were 98% in compliance for this review. The sample records were 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2003, respectively.

### Section IV – Day Program Consumer Record Review

Fourteen consumer records were reviewed at five day programs for 17 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 70%-100% in compliance for the 17 criteria.

The sample records were 93% in compliance for this review. KRC's records were 90% and 99% in overall compliance for the collaborative reviews conducted in 2006 and in 2003, respectively.

## Section V – Consumer Observations and Interviews

Twenty nine consumers were interviewed or observed at their CCFs, day programs, or in independent living settings. The monitoring team observed that the consumers were in good health and were treated with dignity and respect. Two consumers indicated they would like to explore possible changes to their service coordinator assignments and information regarding their finances.

## Section VI A – Service Coordinator Interviews

Seven service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, and the monitoring of services, health issues and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VI B – Clinical Services Interview

KRC's Associate Director was interviewed using a standard interview instrument. He responded to informational questions regarding the monitoring of consumers with medical issues, medications and behavior plans, the coordination of medical and mental health care for consumers, the provision of clinical supports to service coordinators, and the clinical team's participation in the Risk Management Committee.

## Section VI C – Quality Assurance Interview

KRC's Program Manager was interviewed using a standard interview instrument. He responded to informational questions regarding how KRC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and quality assurance activities where there are no regulatory requirements.

## Section VII – Service Provider Interviews

Four CCF and two day program service providers were interviewed using a standard interview instrument. The six service providers responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medications, progress, safety and emergency preparedness. The service providers were familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VII B – Direct Service Staff Interviews

Four CCF and two day program direct service staff were interviewed using a standard interview instrument. The six staff responded to questions in the context of the sample consumers regarding their knowledge of the consumer, the IPP process, communication and service delivery, and the procedures for safety, emergency preparedness and medications. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

## Section VIII – Vendor Standards Review

The monitoring team reviewed a total of four CCFs and two day programs. The team used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money. The CCFs and day programs were found to be in good condition with no immediate health and safety concerns. However, issues were noted at three CCF's and two day programs.

## Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 35 HCBS Waiver consumers and the ten supplemental sample consumers for special incidents during the review period. For the HCBS Waiver sample, KRC reported all of the special incidents. For the supplemental sample, the service providers reported four of the nine applicable SIRs within the required timeframes and KRC reported eight of ten SIRs to DDS within the required timeframes.

## SECTION I

### REGIONAL CENTER SELF ASSESSMENT

#### I. Purpose

The regional center self assessment addresses the California Home and Community-based Services (HCBS) Waiver assurances and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self assessment obtains information about Kern Regional Center's (KRC's) procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations, as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

#### II. Scope of Assessment

KRC was asked to respond to questions in five categories that correspond to the HCBS Waiver assurances that the regional center is responsible for complying. The questions are shown at the end of this section.

#### III. Results of Assessment

The self assessment responses indicate that KRC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self assessment criteria.

- ✓ The full response to the self assessment is available upon request.

<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
State conducts level of care need determinations consistent with the need for institutionalization	The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level of care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program. Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Mental Retardation Professional (QMRP). The regional center ensures that consumers are eligible for full scope Medi-Cal benefits before enrolling them in the HCBS Waiver.
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of Community Care Facilities (CCFs) pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 CCFs.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws, and development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews [at least annually] to ascertain progress toward achieving IPP objectives, and the consumers' and the families' satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, Family Home Agencies, Supported Living Services, and Independent Living Services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p>



<b>Regional Center Self Assessment HCBS Waiver Assurances</b>	
<b>HCBS Waiver Assurances</b>	<b>Regional Center Assurances</b>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver Services (cont.)	<p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p> <p>Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.</p>
Only qualified providers serve HCBS Waiver participants	<p>The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.</p>
Plans of care are responsive to HCBS Waiver participant needs	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his or her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

## SECTION II

### REGIONAL CENTER CONSUMER RECORD REVIEW

#### I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services directives and guidelines relating to the provision of Home and Community-based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action (NOA), fair hearing rights, level of care, individual program plans (IPPs) and periodic reviews and reevaluations of services. The information obtained about the consumers' needs and services is tracked as a part of the on-site program review.

#### II. Scope of Review

1. Thirty five HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	6
With Family	10
Independent or Supported Living Setting	19

2. The review period covered activity from December 1, 2006 through November 30, 2007.

#### III. Results of Review

The 35 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were not applicable for this review.

- ✓ The sample records were in 100% compliance for 26 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### IV. Findings and Recommendations

2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (*WIC §4646.5(a)(4)*)

##### Findings

Thirty-three of the 35 (94%) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by KRC. Two consumer records did not meet this requirement as follows:

Consumer #XX: The IPP did not indicate that KRC was funding transportation services.

Consumer #XX: The IPP did not indicate that KRC was funding supported living services.

2.10.a Recommendation	Regional Center Plan/Response
KRC should ensure that the IPPs for consumers #XX and #XX identify the type and amount of all services and supports purchased by KRC.	IPP for consumer #XX and #XX have been revised to identify KRC as the funding source for the specific service. QMRP will ensure that all IPP's include KRC as the funding source for any service purchased for consumers.

2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

##### Findings

Twenty-three of the 25 (92%) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for consumers #XX and #XX contained documentation of only three of the required quarterly meetings.

2.13.a Recommendation	Regional Center Plan/Response
KRC should ensure that future face-to-face meetings are completed and documented each quarter for consumers #XX and #XX.	A quarterly meeting was held for consumer #XX and #XX on 8/08 original month due was 6/08. An ID note has been placed in file explaining the reason for the late reporting. QMRP will ensure that all quarterly reports are completed during the 3 month time frame.

2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047*), (*Title 17, CCR, §56095*), (*Title 17, CCR, §58680*), (*Contract requirement*)

### Findings

Twenty-three of the 25 (92%) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for consumers #XX and #XX contained only three of the required quarterly reports of progress.

2.13.b Recommendation	Regional Center Plan/Response
KRC should ensure that future reports of progress are completed each quarter for consumers #XX and #XX.	A quarterly report was completed for consumers #XX and #XX on 08/08 original month due was 6/08. An ID note has been placed in file explaining the reason for the late reporting. QMRP will ensure that all quarterly reports are completed during the 3 month time frame.

### Regional Center Consumer Record Review Summary

Sample Size = 35

	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	35			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Mental Retardation Professional (QMRP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. (SMM 4442.1), (42 CFR 483.430(a))	Criterion 2.1 consists of four sub-criteria (2.1a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Mental Retardation Professional and the title "QMRP" appears after the person's signature.	35			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level of care requirements.	35			100	None
2.1.c	The DS 3770 form documents annual re-certifications.	35			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.	2		33	100	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). (SMM 4442.7), (42 CFR 441.302(d))	35			100	None
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all, or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. (SMM 4442.7), (42 CFR Part 431, Subpart E), (WIC §4646(g))	1		34	100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 35**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.4	Each record contains a current CDER that has been reviewed within the last 12 months. (SMM 4442.5), (42 CFR 441.302)	35			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level of care requirements for care provided in an ICF-DD, ICF-DDH, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. (SMM 4442.5), (42 CFR 441.302(c)), (Title 22, CCR, §51343)	35			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	35			100	None
2.6.a	IPP is reviewed ( <i>at least annually</i> ) by the planning team and modified as necessary, in response to the consumer's changing needs, wants or health status. (42 CFR 441.301(b)(1)(I))	35			100	None
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. (HCBS Waiver requirement)			35	NA	None
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. (WIC §4646(g))	35			100	None
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	2		33	100	None
2.7.c	The IPP is prepared jointly with the planning team. (WIC §4646(d))	35			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. (WIC §4646.5(a))	35			100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 35**

	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. (WIC §4646.5(a)(2))	Criterion 2.9 consists of seven sub-criteria (2.9 a-g) that are reviewed independently				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	35			100	None
2.9.b	The IPP addresses the special health care requirements.	11		24	100	None
2.9.c	The IPP addressed the services for which the CCF provider is responsible for implementing.	6		29	100	None
2.9.d	The IPP addressed the services for which the day program provider is responsible for implementing.	23		12	100	None
2.9.e	The IPP addresses the services for which the supported living services agency or independent living services provider is responsible for implementing.	19		16	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	35			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. (WIC §4685(c)(2))	4		31	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. (WIC §4646.5(a)(4))	33	2		94	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. (WIC §4646.5(a)(4))	35			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. (WIC §4646.5(a)(4))	2		33	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including, but not limited to vendors, contract providers, generic service agencies and natural supports. (WIC §4646.5(a)(4))	35		0	100	None

**Regional Center Consumer Record Review Summary**  
**Sample Size = 35**

	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
2.12	Periodic review and reevaluations of consumer progress are completed ( <i>at least annually</i> ) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. ( <i>WIC §4646.5(a)(6)</i> )	35			100	None
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	23	2	10	92	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. ( <i>Title 17, CCR, §56047</i> ), ( <i>Title 17, CCR, §56095</i> ), ( <i>Title 17, CCR, §58680</i> ), ( <i>Contract requirement</i> )	23	2	10	92	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. ( <i>WIC §4418.3</i> )			35	NA	None



## SECTION III

### COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

#### I. Purpose:

The review addresses the requirements for community care facilities (CCFs) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review:

Four consumer records were reviewed at four CCFs visited by the monitoring team. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

#### III. Results of Review

- ✓ The sample records were in 100% compliance for 18 of the 19 criteria. There are no recommendations for these criteria.
- ✓ A finding for one criterion is detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

#### Finding

- 3.7.b A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. (*Title 17, CCR, §54327*)

#### Findings

Consumer #X at CCF #X was [REDACTED] However, the written incident report was not submitted to KRC until January 23, 2007.

3.7.b Recommendation	Regional Center Plan/Response
KRC should ensure that CCF #X submits written reports of special incidents within 48 hours.	KRC Community Services Specialist contacted CCF #X and discussed SIR regulations with Administrator specifically concerning the importance of reporting timelines. Administrator, Licensee and other key staff attended Special Incident Report training at KRC on 9/20/07 and 7/7/08.

Community Care Facility Record Review Summary Sample Size: Consumers = 4; CCFs = 4						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. ( <i>Title 17, CCR, §56017(b)</i> ), ( <i>Title 17, CCR §56059(b)</i> ), ( <i>Title 22, CCR, §80069</i> )	4			100	None
3.1.a	The consumer record contains a statement of ambulatory or nonambulatory status.	4			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	2		2	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	4			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	4			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	4			100	None
3.1.i	Special safety and behavior needs are addressed.	1		3	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17, and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. ( <i>Title 17, CCR, §50619(c)(1)</i> )	4			100	None
3.3	The facility has a copy of the consumer's current IPP. ( <i>Title 17, CCR, §56022(c)</i> )	4			100	None

<b>Community Care Facility Record Review Summary</b> <b>Sample Size: Consumers = 4; CCFs = 4</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. ( <i>Title 17, CCR, §56026(b)</i> )	1		3	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	1		3	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. ( <i>Title 17, CCR, §56026(c)</i> )	3		1	100	None
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	3		1	100	None
3.5.c	Quarterly reports include a summary of data collected. ( <i>Title 17, CCR, §56013(d)(4)</i> ), ( <i>Title 17, CCR, §56026</i> )	3		1	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. ( <i>Title 17, CCR §56026(a)</i> )	4			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	4			100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		3	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )		1	3	0	See Narrative
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. ( <i>Title 17, CCR, §54327</i> )	1		3	100	None

## SECTION IV

### DAY PROGRAM CONSUMER RECORD REVIEW

#### I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

#### II. Scope of Review

Fourteen sample consumer records were reviewed at five day programs visited by the monitoring team. The records were reviewed to determine compliance with 17 criteria.

#### III. Results of Review

The consumer records were 100% in compliance for 12 of the 17 criteria.

- ✓ A summary of the results of the review is shown in the table at the end of this section.
- ✓ Findings for five criteria are detailed below.

#### IV. Findings

- 4.1.f The consumer record includes up-to-date data collection for IPP objectives. (*Title 17, CCR, §56730*)

##### Findings

Ten of the 14 (71%) sample consumer records contained up-to-date data collection for measuring progress towards meeting the IPP objectives for which the day program provider is responsible for implementing. The records for consumers #XX, #XX, #XX, and #XX at day program #X did not contain current data (for example narrative notes, skills and task analysis charting, behavior frequency counts, etc.) that measures consumer progress. Day program staff said they changed to a new reporting system and utilize staff meetings to keep up with consumer progress.

4.1.f Recommendation	Regional Center Plan/Response
KRC should ensure that day program #X collects and maintains data that measures consumer progress on IPP objectives for which the provider is responsible for implementing.	KRC Community Services Specialist contacted Assistant Executive Director of day program #X and confirmed program provided training and documentation that staff collect and maintain progress on consumers' IPP objectives that the vendor is responsible for.

- 4.1.g The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere. (*Title 17, CCR, §56730*)


#### Findings

Eleven of the twelve (92%) applicable sample consumer records contained case notes of important events and information. The record for consumer #XX at day program #X did not contain on-going case notes. Staff indicated that they are aware of events and information for their own consumers and they share the information with other employees at their staff meetings.

4.1.g Recommendation	Regional Center/Plan Response
KRC should ensure that day program provider #X maintains up-to-date case notes.	KRC Community Services Specialist contacted Program Director of day program provider #X and confirmed that day program has developed and implemented a process to ensure staff update important events and information on-going on the Identification Emergency Sheet in each consumer's file. Training has been provided and documented.

- 4.3.b The day program's ISP or other program documentation is consistent with the consumer's IPP objectives for which the day program is responsible. (*Title 17, CCR, §56720(a)*)

Thirteen of the 14 (93%) sample consumer records contained program documentation that is consistent with the consumers' IPPs. The program documentation for consumer #XX at day program #X did not include supports to address [REDACTED] as identified in the IPP.

4.3.b Recommendation	Regional Center Plan/Response
KRC should ensure that the documentation in the record for consumer #XX is consistent with the IPP objectives for which the day program is responsible.	KRC Community Services Specialist contacted Assistant Executive Director of day program #X and confirmed, regarding consumer #XX, that supports are in place 

- 4.4.a The day program prepares and maintains written semiannual reports of the consumer's performance and progress. (*Title 17, CCR, §56720(c)*)

#### Findings

Nine of the 12 (75%) applicable sample consumer records contained semiannual reports of consumer performance and progress. The records for the following consumers were missing one or more reports during the period:

Consumer #XX at day program # X did not have any reports during the period.

Consumer #X at day program #X and consumer #XX at day program #X were missing one report during the period.

4.4.a Recommendations	Regional Center Plan/Response
KRC should ensure that day program providers #X and #X prepare written semiannual reports of consumer progress.	KRC Community Services Specialist contacted Assistant Executive Director of day program #X with regards to consumer #XX and Program Director of day program #X with regards to consumer #X confirming that both programs are ensuring that staff have received training and that documented reflects vendors' responsibility of timely written semi-annual reporting.
KRC should assess what actions may be necessary to ensure that all day programs prepare semiannual reports of consumer progress.	KRC continues to assure day programs maintain semi-annual reports on consumer progress through the yearly day program monitoring process as well as the tri-annual QA Team Evaluation process.

- 4.4.b Semiannual reports address the consumer's performance and progress toward achieving each of the IPP objectives for which the day program is responsible. (Title 17, CCR, §56720 (c))

### Findings

Seven of the 10 (70%) applicable sample consumer records contained semiannual reports that address the consumer's performance and progress toward achieving each of the IPP objectives for which the day program is responsible. The semiannual reports for consumers # XX, #XX, and #XX at day program #X did not address the following areas identified in the consumers' IPPS:

1. The reports for consumer #XX [REDACTED]
2. The reports for consumer #XX [REDACTED]
3. The reports for consumer #XX [REDACTED]



4.4.b Recommendation	Regional Center Plan/Response
<p>KRC should ensure that the semiannual reports for day program provider #X address all of the objectives for which the day program is responsible for implementing.</p>	<p>KRC Community Services Specialist made contact with Assistant Executive Director of day program #X, regarding consumer #XX, to confirm and ensure staff have received training with regards to this consumer's IPP objectives [REDACTED]</p> <p>The ID Team has implemented appropriate IPP objectives, which will be addressed in semi-annual reports. Also, regarding consumer #XX, day program #X confirmed that staff have been trained that the consumer's IPP objectives [REDACTED]</p> <p>[REDACTED] The ID Team has implemented appropriate IPP objectives and will address in semi-annual reports. Lastly, regarding consumer #XX, day program #X confirmed staff have received training that the consumer's IPP objectives [REDACTED]</p> <p>[REDACTED] The ID Team has implemented appropriate IPP objectives and will address in semi-annual reports.</p>

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 14; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1	An individual consumer file is maintained by the day program that includes the documents and information specified in Title 17. ( <i>Title 17, CCR, §56730</i> )	14			100	None
4.1.a	The consumer record contains current emergency and personal identification information including the consumer's address, telephone number, names and telephone numbers of residential care provider, relatives, and/or guardian or conservator, physician name(s) and telephone number(s), pharmacy name, address and telephone number and health plan, if appropriate.	14			100	None
4.1.b	The consumer record contains current health information that includes current medications, known allergies, medical disabilities, infectious, contagious, or communicable conditions, special nutritional needs, and immunization records.	14			100	None
4.1.c	The consumer record contains any medical, psychological, and social evaluations identifying the consumer's abilities and functioning level, provided by the regional center.	14			100	None
4.1.d	The consumer record contains an authorization for emergency medical treatment signed by the consumer and/or the authorized consumer representative.	14			100	None
4.1.e	The consumer record contains documentation that the consumer and/or the authorized consumer representative has been informed of his/her personal rights.	14			100	None
4.1.f	Data is collected that measures consumer progress in relation to the services addressed in the IPP for which the day program provider is responsible for implementing.	10	4		71	See Narrative

<b>Day Program Record Review Summary</b> <b>Sample Size: Consumers = 14; Day Programs = 5</b>						
	<b>Criteria</b>	<b>+</b>	<b>-</b>	<b>N/A</b>	<b>% Met</b>	<b>Follow-up</b>
4.1.g	The consumer record contains up-to-date case notes reflecting important events or information not documented elsewhere.	11	1	2	92	See Narrative
4.1.h	The consumer record contains documentation that special safety and behavior needs are being addressed.	5		9	100	None
4.2	The day program has a copy of the consumer's current IPP. ( <i>Title 17, CCR §56720(b)</i> )	14			100	None
4.3.a	The day program provider develops, maintains, and modifies as necessary, documentation regarding the manner in which it implements the services addressed in the IPP. ( <i>Title 17, CCR, §56720(a)</i> )	14			100	None
4.3.b	The day program's ISP or other program documentation is consistent with the services addressed in the consumer's IPP.	13	1		93	See narrative
4.4.a	The day program prepares and maintains written semiannual reports. ( <i>Title 17, CCR, §56720(c)</i> )	9	3	2	75	See Narrative
4.4.b	Semiannual reports address the consumer's performance and progress relating to the services for which the day program is responsible for implementing.	7	3	4	70	See Narrative
4.5.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None
4.5.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None
4.5.c	There is appropriate follow-up to special incidents to resolve issues and eliminate or mitigate future risk. ( <i>Title 17, CCR, §54327</i> )	1		13	100	None

## SECTION V

### CONSUMER OBSERVATIONS AND INTERVIEWS

#### I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program and work activities, health, choice, and regional center services.

#### II. Scope of Observations and Interviews

Twenty nine of the 35 consumers were interviewed or observed at their day programs, employment sites, community care facilities (CCFs), or in independent living settings.

- ✓ Twenty-four consumers agreed to be interviewed by the monitoring teams.
- ✓ Five consumers were non-verbal, but were observed.
- ✓ Six consumers were unavailable or declined to be interviewed or observed.

#### III. Results of Observations and Interviews

The interviewed consumers appeared to be satisfied with their living situation, day program, work activities, health, choice, and regional center services. The consumers' overall appearance reflected personal choice and individual style.

1. Consumer #XX stated [REDACTED]
2. Consumers #XX and #XX, [REDACTED]

3. Consumer #XX [REDACTED]

IV. Recommendations

Recommendations	Regional Center Plan/Response
KRC should assist consumers #XX and #XX [REDACTED]	[REDACTED]
KRC should ensure consumers' #XX and #XX [REDACTED]	[REDACTED]

## SECTION VI A

### SERVICE COORDINATOR INTERVIEWS

#### I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the IPP and annual review process, and how they monitor services and health and safety issues.

#### II. Scope of Interviews

1. The monitoring team interviewed seven Kern Regional Center (KRC) service coordinators.
2. The interview questions are divided into two categories.
  - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
  - ✓ The questions in the second category are related to general areas.

#### III. Results of Interviews

1. The service coordinators were familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances, and service needs.
2. The service coordinators were knowledgeable about the IPP and annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home living arrangements, service coordinators conduct quarterly face-to-face visits and develop written reports of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, incident reports, and vendor reports of progress. Service coordinators consult with their supervisors regarding critical consumer issues. The more complex health and medication issues are staffed through the clinical team.
3. The service coordinators monitor the consumers' services, health and safety. To better understand issues related to consumers' use of medication and issues related to side-effects, the service coordinators utilize KRC's clinical team as a resource. KRC offers periodic trainings on new and commonly used medications.

## **SECTION VI B**

### **CLINICAL SERVICES INTERVIEW**

#### **I. Purpose**

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. It also aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-based Services Waiver consumers.

#### **II. Scope of Interview**

1. The monitoring team interviewed Kern Regional Center's (KRC) Associate Director.
2. The questions in the interview cover routine monitoring of consumers with medical issues, medications and behavior plans, coordination of medical and mental health care for consumers, circumstances under which actions are initiated for medical or behavior issues, clinical supports to assist service coordinators, improved access to preventive health care resources, role in Risk Management Committee and special incident reports.

#### **III. Results of Interview**

1. The KRC clinical team consists of a physician, clinical psychologist, licensed clinical social workers, licensed vocational nurse, and a registered nurse.
2. Service coordinators are responsible for monitoring medical issues, medications, and review of consumers' health status. The clinical team members act as consultants and are available to the service coordinators if requested. The clinical team utilizes a local home health agency to perform nursing assessments that focus on consumers in community care facilities, supported living, and day programs. Consumers identified with urgent needs receive follow-up by the clinical team and service coordinators. In addition to the clinical team, telemedicine is available through Cedar Sinai University, University of Irvine, Loma Linda University, Valley Children's Hospital, and University of California, San Francisco. The regional center also utilizes telemedicine to improve access to specialty providers. Nutritional consultation is available through Los Angeles Children's Hospital and University of Southern California.

3. The clinical staff is available to service coordinators for consultation regarding consumers' behavior and mental health needs. A licensed clinical social worker reviews behavior plans and monitors services received by the consumer. The clinical team also utilizes Kern County Mental Health and telemedicine resources as needed.
4. The clinical team supports service coordinators through chart reviews and by providing staff with local resources. Due to funding issues, the clinical team is limited in the amount of health related training they are able to provide for the service coordinators, however, KRC offers paid leave so they can participate in outside training classes. The regional center also offers scholarships for staff wishing to advance their education.
5. KRC has improved access to preventive health care resources for consumers through the following programs:
  - ✓ Telemedicine
  - ✓ Feeding Clinic
  - ✓ Genetics Clinic
  - ✓ Provider Training
6. Members of the clinical services staff participate in the risk management committee. The team reviews health and medical related special incidents and deaths. The committee analyzes special incidents for trends and makes recommendations for appropriate follow-up.
7. Kern County is attempting to work with local dentists to improve accessible dental care. When needed, the regional center will pay for dental services when they can't be obtained through Medi-Cal. In addition to Medi-Cal fee-for-service, consumers and families can choose one of the two managed care plans available locally.



## **SECTION VI C**

### **QUALITY ASSURANCE INTERVIEW**

#### **I. Purpose**

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCFs), two unannounced visits to CCFs, QA evaluations of CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

#### **II. Scope of Interview**

The monitoring team interviewed the Program Manager, who is an integral part of the team responsible for conducting QA activities at Kern Regional Center (KRC).

#### **III. Results of Interview**

1. The annual Title 17 visits are conducted by community service specialists who function as regional facility liaisons for 50 to 60 CCFs. They conduct a minimum of two unannounced visits annually, and may conduct additional unannounced visits to facilities for identified issues that require further follow-up.
2. Community service specialists are responsible for conducting the QA triennial evaluation. A service coordinator or a facility liaison may accompany the specialist as part of the QA evaluation team. Before conducting the evaluation, the QA evaluation team reviews vendor files, IPPs, prior quality assurance reports, SIRs and corrective action plans (CAPs). KRC also monitors day programs.
3. Additionally, KRC uses information collected from the various QA monitoring activities to provide technical assistance for providers. Topics have been on such matters as forms and documentation completion, Direct Service Professional training requirements, individual service plan improvements for CCFs, and medication administration.
4. Community service specialists follow-up on special incident reports (SIRs) in collaboration with Community Care Licensing or law enforcement, as needed. They commonly provide technical assistance to vendors when required for issues related to special incidents.

5. The community services staff is responsible for analyzing data from SIRS and QA monitoring. When issues of concern are identified, the information is presented to the Risk Management, Assessment and Planning Committee in order to assist in identifying possible remedial measures. SIR data has been used to identify trends in such areas as medication errors, preventable accidents and behavioral antecedents, in order to develop training for vendors. Training is conducted for KRC staff and vendors every third Thursday. Topics include: Maintaining Health, Nutrition, Medication and Side Effects, Behavior Management, Effective Program Design, Incident Reporting, and Risk Management Training. If vendors have related CAPs or problems, participation may be required.

## **SECTION VII A**

### **SERVICE PROVIDER INTERVIEWS**

#### **I. Purpose**

The interviews determine how well the service provider knows the consumers, the extent of their assessment process for the annual IPP development and/or review, the extent of their plan participation, how the plan was developed, how service providers ensure accurate documentation, communicate, address and monitor health issues, their preparedness for emergencies, how they monitor safety and safeguard medications.

#### **II. Scope of Interviews**

1. The monitoring team interviewed six service providers at four community care facilities (CCFs) and two day programs where services are provided to the consumers that were visited by the monitoring team.
2. The interview questions are divided into two categories.
  - a. The questions in the first category are related to sample consumers selected by the monitoring team.
  - b. The questions in the second category are related to general areas.

#### **II. Results of Interviews**

1. The service providers were familiar with the strengths, needs and preferences of their respective consumers.
2. The service providers indicated that they conducted assessments of the consumers, participated in their IPP development, provided the program specific services addressed in the IPPs.
3. The service providers monitored consumer health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumers' lives and monitored progress documentation.
5. The service providers were prepared for emergencies, monitored the safety of consumers, and understood special incident reporting and follow-up processes.

## **SECTION VII B**

### **DIRECT SERVICE STAFF INTERVIEWS**

#### **I. Purpose**

The interviews determine how well the direct service staff knows the consumers and their understanding of the IPP and service delivery requirements, how they communicate, and their level of preparedness to address safety issues, their understanding of emergency preparedness and knowledge about safeguarding medications.

#### **II. Scope of Interviews**

1. The monitoring team interviewed six direct service staff at four community care facilities (CCFs) and two day programs where services are provided to the consumers scheduled to be visited by the monitoring team.
2. The interview questions are divided into two categories.
  - a. The questions in the first category are related to sample consumers selected by the monitoring team.
  - b. The questions in the second category are related to general areas.

#### **III. Results of Interviews**

1. The direct service staff were familiar with the strengths, needs and preferences of their respective consumers.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumers' IPPs.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumers.
4. The direct service staff were prepared to address safety issues and emergencies, and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

## SECTION VIII

### VENDOR STANDARDS REVIEW

#### I. Purpose

The review ensures that the selected community care facilities (CCFs) and day programs are serving consumers in a safe, healthy, positive environment where their rights are respected.

#### II. Scope of Review

1. The monitoring team reviewed a total of four CCFs and two day programs.
2. The team used a monitoring review checklist consisting of 23 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

#### III. Results of Review

All of the CCFs and day programs were found to be in good condition with no immediate health and safety concerns. However, issues were noted at three CCFs and one day programs. The specific findings and recommendations are detailed below.

#### IV. Findings and Recommendations

##### 8.2.d PRN Medication Records

##### Findings

Day program #X was [REDACTED]  
[REDACTED]

CCF #X and CCF #X [REDACTED]  
[REDACTED]

8.2 d Recommendations	Regional Center Plan/Response
KRC should ensure that the provider at day program #X, CCF #X and #X properly document all required PRN medication information.	KRC Community Services Specialist contacted Assistant Executive Director at day program #X who stated that day program #X does not dispense PRN medications to consumers but rather has a procedure in place, using a separately KRC vendored and funded service utilizing a nurse on contract with day program #X who receives, administers and documents PRN medications. KRC Community Specialist contacted CCF #X and CCF #X and discussed with Administrators the requirements for PRN medication administering. Community Services Specialist also provided to Administrators a copy of the Community Care Licensing Technical Support Program Self Assessment Guide: Medications booklet.

### 8.3.c First Aid/Water Safety Certification

#### Findings

There was one direct service staff person at CCF #X that completed the training and received a water safety certificate. However, his water safety certificate expired in April 2007. The vendor indicated that he is scheduled to attend an April 2008 class and will be certified before their swim period which is May through September. Three direct care staff at day program #X did not have current first aid certificates.

8.3 c Recommendations	Regional Center Plan/Response
KRC should ensure that the staff person at CCF #X completes water safety training in April 2008.	KRC Community Services Specialist contacted Licensee/Administrator at CCF #X and discussed the need to maintain current documentation on water safety training and certification. Licensee faxed appropriate training documentation indicating up-to-date all-staff training for the following: Water Safety Training on May 7, 2008; Water Safety Course on March 26, 2008 and; Water Safety Training on August 5, 2008.
KRC should ensure that the provider at DP #X has current first aid certificates for all staff.	KRC Community Services Specialist contacted Assistant Executive Director at day program #X who stated that she is one of the program's certified CPR/First Aid Instructors on staff. Day program #X's Human Resource Department maintains a listing of staff to monitor when renewals are needed to be current. Day program #X has a documented process and training system in place for this. KRC will continue to make all assurances for compliance through existing processes and protocols such as Day Program Best Practice Guide, yearly monitoring and tri-annual Quality Assurance Team Evaluations.

## **SECTION IX**

### **SPECIAL INCIDENT REPORTING**

#### **I. Purpose**

The review verifies that special incidents have been reported within the required timeframes, documentation meets the requirements of Title 17, California Code of Regulations, and that appropriate follow-up was completed.

#### **II. Scope of Review**

1. Special incident reporting of deaths by Kern Regional Center (KRC) was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIRs) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 35 consumers selected for the Home and Community-based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of ten consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, and resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

#### **III. Results of Review**

1. KRC reported all deaths during the review period to DDS.
2. KRC reported all special incidents in the sample of 35 records selected for the HCBS Waiver review to DDS.
3. KRC's vendors reported four of the nine (44%) applicable incidents in the supplemental sample within the required timeframes.
4. KRC reported eight of ten (80%) incidents to DDS within the required timeframes.
5. KRC's follow-up activities on consumer incidents were appropriate for the severity of the situations for all ten incidents.



#### IV. Findings and Recommendations

##### Findings

Consumer #XX: The incident occurred on December 30, 2006. However the vendor did not submit the written report to KRC until January 5, 2007, and KRC did not report the incident to DDS until January 12, 2007.

Consumer #XX: The incident occurred on January 17, 2007. However, the vendor did not submit a written report of the incident to KRC until January 26, 2007.

Consumer #XX: The incident occurred on March 2, 2007. However, the vendor did not submit a written report of the incident to KRC until March 5, 2007.

Consumer #XX: The incident occurred on March 15, 2007. However, the vendor did not submit a written report of the incident to KRC until March 19, 2007.

Consumer #XX: The incident occurred on March 31, 2007. However, the vendor did not submit a written report of the incident to KRC until April 4, 2007.

Consumer #XX: The incident occurred on October 30, 2007 and was reported to KRC on October 31, 2007. However, KRC did not report the incident to DDS until November 9, 2007.

Recommendations	Regional Center Plan/Response
<p>1. KRC should ensure that the vendors for consumers #XX, #XX, #XX #XX and #XX report special incidents within the timeframes.</p>	<p>Regarding <u>Consumer #XX</u>: KRC SIR Action Report states that Community Services Specialist contacted vendor to confirm understanding of reporting requirements. Also, on 6/12/08, KRC SIR Coordinator provided training on special incidents to all SLS vendors. Vendor for this consumer was in attendance.</p> <p>Regarding <u>Consumer #XX</u>: KRC SIR Action Report states that vendor responsible for this consumer at the time of SIR is no longer providing services. Consumer #XX is now receiving SLS from another vendor.</p> <p>Regarding <u>Consumer #XX</u>: KRC SIR Action Report states that Community Services Specialist contacted vendor addressing SIR reporting guidelines at which time vendor indicated that SIR training and timely documentation were conducted for both AFHA staff and family home providers. KRC will continue to provide technical assistance to vendor as needed.</p> <p>Regarding <u>consumer #XX</u>: KRC SIR Action Report states that Community Services Specialist contacted day program vendor addressing SIR reporting guidelines at which time vendor indicated that SIR training and timely documentation were conducted for all day program staff. KRC will continue to provide technical assistance to vendor as needed.</p> <p>Regarding <u>consumer #XX</u>: KRC SIR Action Report states Community Services Specialist contacted vendor regarding special incident report requirements including timelines. Vendor attended SIR training by SIR Coordinator on 6/12/08.</p>

<p>2. KRC should determine what steps may be necessary to ensure that all vendors report special incidents within the required time frames.</p>	<p>In November of 2007, the KRC Community Services Department implemented a process for advising all vendors who report late SIRs. A monthly SANDIS query is performed that identifies all late reports. SIR Advisories are sent to indicate to the vendor which reports are late identifying client(s) and date(s) of incident(s), which also alerts vendor that continued late reports may necessitate further technical assistance or other further action. These advisories also provide a tracking system for KRC to monitor late reporting. KRC Community Services Department will continue to provide annual SIR training to vendors. Also, KRC Community Services Specialists will continue to provide technical assistance to vendors regarding late reporting on an as needed basis. Lastly, KRC Community Services Program Manager will develop and send a SIR requirement and timeline protocol to all vendored programs requiring receipt with signature and maintenance in all staff files.</p>
<p>3. KRC should ensure that all special incidents are reported to DDS within the required timeframes.</p>	<p>KRC has addressed the issue of reporting SIRs to DDS within the required timeframes by assigning a back up SIR coordinator. The two SIR coordinators will review and submit to DDS on a timely basis. They both share an office and a fax machine is in their office which is dedicated to SIRs only. The vendors have this fax number and are required to fax their SIR reports within required timeframes.</p>

## SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

### HCBS Waiver Review Consumers

#	UCI	CCFs	Day Programs	Vendor
1	XXXXXX	1		XXXXXX
2	XXXXXX		4	XXXXXX
3	XXXXXX	2		XXXXXX
4	XXXXXX	3		XXXXXX
5	XXXXXX	4		XXXXXX
6	XXXXXX			XXXXXX
7	XXXXXX		2	XXXXXX
8	XXXXXX			XXXXXX
9	XXXXXX			XXXXXX
10	XXXXXX			XXXXXX
11	XXXXXX		1	XXXXXX
12	XXXXXX		1	XXXXXX
13	XXXXXX		1	XXXXXX
14	XXXXXX			XXXXXX
15	XXXXXX		2	XXXXXX
16	XXXXXX		1	XXXXXX
17	XXXXXX			XXXXXX
18	XXXXXX			XXXXXX
19	XXXXXX		3	XXXXXX
20	XXXXXX			XXXXXX
21	XXXXXX			XXXXXX
22	XXXXXX			XXXXXX
23	XXXXXX			XXXXXX
24	XXXXXX		2	XXXXXX
25	XXXXXX		2	XXXXXX
26	XXXXXX			XXXXXX
27	XXXXXX		3	XXXXXX
28	XXXXXX		5	XXXXXX
29	XXXXXX		1	XXXXXX
30	XXXXXX		3	XXXXXX
31	XXXXXX			XXXXXX
32	XXXXXX			XXXXXX
33	XXXXXX			XXXXXX
34	XXXXXX			XXXXXX
35	XXXXXX			XXXXXX

### SIR Review

Consumer #	UCI	Vendor
40	XXXXXX	XXXXXX
41	XXXXXX	XXXXXX
42	XXXXXX	XXXXXX
43	XXXXXX	XXXXXX
44	XXXXXX	XXXXXX
45	XXXXXX	XXXXXX
46	XXXXXX	XXXXXX
47	XXXXXX	XXXXXX
48	XXXXXX	XXXXXX
49	XXXXXX	XXXXXX